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Progress Notes

This is my first column as the Acting Medical Director for ECU Physicians. I am honored to have the opportunity to work with all of you who are devoted to meeting the needs of our patients on a daily basis. As an emergency physician, I have limited access to clinics (except as a patient), so I will rely on each of you to forward ideas, suggestions, and comments to me. In this column, I want to bring you up to date on some current projects that we have underway.

Most importantly, I am really delighted to report that Martha Dartt, RN, MSN, has agreed to serve in the role of Interim Director of Nursing Practice. As you know, Dr. Janet Moye left ECU Physicians last month for a new role as full-time faculty in the School of Nursing. Martha has agreed to cover the essential aspects of the Director's position on an interim basis. Many of you know her well and will probably agree with me that we could not have found a better person.

We have begun a review of the Director of Nursing Practice position to determine if any changes need to be made in the scope of responsibilities. Many changes have occurred in our clinical enterprise since the position was created nearly 10 years ago. This change in leadership provides an opportunity to step back and look at the role that we want this position to fill in ECU Physicians. Carolyn Erwin is leading a small group of individuals who are focusing on this. Please forward any comments or suggestions to her, so that she can help mold the position to assist all of you in providing the best possible care for our patients.

We have also launched a team to develop a set of recommendations for our Quality Improvement Program. While there are several different quality-oriented activities currently underway (such as the Best Practices Committee and the IPIP Program), it is not apparent that there is an overall strategy or plan for quality improvement across all of our clinical sites. Dr. Ernie Larkin leads a team that includes Jody Cook, Martha Dartt, Carolyn Erwin, and Dr. Lars Larsen to develop a comprehensive inventory of our current quality improvement activities and provide recommendations that will lead to a robust enterprise-wide Quality Improvement Program over the next several years. Again, any comments or suggestions can be forwarded to any of the five people on this team.

The Nursing Leadership Council has long been a vibrant venue for communication and problem-solving for ECU Physicians. This group brings together the nursing leaders from each of the clinic sites. As the Acting Medical Director, I feel the need to also meet with the clinics' physician leaders, I will soon start meeting regularly with these physician leaders. I look forward to working with these leaders to promote communication among our disciplines, identify strengths that we can build upon, and improve all aspects of our clinical operation.

Pandemic flu planning is a topic that has been in the national and local news intermittently for the past couple of years. Drs. Beste and Moye, with help from others, laid a strong foundation for pandemic flu planning for ECU Physicians. As the call for being fully prepared increases from the State of North Carolina and the University of North Carolina system, the leadership of ECU Physicians will be reviewing the existing plans with an eye to updating them. Please look for future communication about these plans and how they will affect your particular work environment.

A few weeks ago, the University decided to start the national search for an Executive Director for ECU Physicians. This is a new position for us that is intended to provide executive leadership to centrally direct and manage the business operations of the practice plan. This person will complement the Medical Director and serve the ECU Physicians' Board of Directors. The Executive Director will focus on the strategic, business, and financial needs of the practice plan with the intention of ensuring long-term financial sustainability and further development of our clinical enterprise. The search committee is chaired by Kevin Seitz, Vice Chancellor for Administration and Finance. A search firm, Witt/Kieffer, has agreed to assist the search committee so that the best candidates across the nation can be identified. Any comments or questions can be sent to me or Carolyn Erwin.

Finally, nearly all of you probably know that HealthSpan has been rolled out at Pitt County Memorial Hospital. We are in the initial stages of planning the implementation of HealthSpan in all of our clinical sites and our clinical operations now. I plan to review a final budget proposal with Mr. Seitz within the next couple of weeks, to gain the final approval for the project. Several administrative leaders have already been included in some very preliminary discussions. The next step will be to identify clinical leaders to participate. We will keep you up to date in coming issues of Clinic Pulse and through meetings. If you have any questions, you can send them directly to me.

The role of Acting Medical Director for ECU Physicians is an extremely important one for our clinical operations. I do not take the responsibility lightly (although I will also have to continue to focus sufficient time and energy on my duties as Vice Dean of the School). I look forward to working with each of you over the months ahead.

Nicholas Benson, MD, MBA
Acting Medical Director, ECU Physicians
Vice Dean

Director of Nursing Practice

After nine years of employment with the Brody School of Medicine, Janet Moye, RN, PhD, has accepted a full-time faculty position in the ECU School of Nursing. Best wishes to Janet!

Martha Dartt, RN, MSN, FNP, has agreed to serve as the Acting Director of Nursing Practice. Martha is well known to many of you. She worked in the Department of Surgery in nursing leadership positions and now is the Associate Director of Risk Management.

Contact Center News

Changes to Health Sciences Announce Process

With the help of ITCS and the Contact Center, a new, web-based process for sending announce messages for the Health Science campus was implemented on August 1st. The new system allows the sender to pick their target audience within the Health Science Division (i.e., you can choose to send a message to just one school, the faculty, the staff, etc.)

Here are the new procedures for sending an announce message:

1. Open Internet Explorer, and go to <http://www.ecu.edu/bsomannounce/submit>. From there you will be prompted to enter your pirate ID and password, then complete the fields on the page just as if you were sending a normal email in Outlook.
2. The subject, message body, and attachments work just like they do in Outlook.
3. In the closing statement, you must enter the name and contact information for the person available for responding to questions or comments about the message you are sending. (The 'Closing Statement' must not be left blank).
4. The link is a website where announce messages will be posted for a certain period of time after they are sent, to serve as a short-term repository. This is a new feature.
5. The send notice to list is where you check off the target audiences for your message. Check as many as appropriate, but please use good judgment in deciding who should receive the announce message, so that you limit the recipients who are unlikely to be interested.
6. As a final step, click on 'Send to Contact Center'. The staff at the Contact Center will review your message to assure it is consistent with Health Sciences Division Announce Policy, and then send it out.

Clinic Support & Fiscal Year Call Statistics

In late July and early August, the Contact Center began providing call-handling support (Prescription Refills) for the Pulmonary Clinic at Moye Medical and the Rheumatology Clinic (Module D) Brody Outpatient Center.

For the 2006-2007 fiscal year, the Contact Center answered 172,541 calls. Of these calls, 172,075 were answered within 20 seconds and the call abandonment rate averaged 4%. In March 2007, the Contact Center commenced operations after regular business hours and the call activity for March-June was 15,603 calls.

Language and Interpreter Services

To continue fostering an awareness of what medical interpreters do, we want to build on the information we provided in the last newsletter (the roles of the interpreter). The focus in this newsletter is the Interpreter Pre-Session.

The Interpreter Pre-Session with Patient and Provider

In order to ensure an effective and accurate medical interpretation, it is critical that the interpreter conduct a Pre-Session discussion with patient representatives, patients, and providers. The Pre-Session gives the interpreter the opportunity to obtain patient demographic and appointment information, explain how the interpretation will work, determine the linguistic level of the patient, and ensure that all messages are communicated in a complete and accurate manner.

1. **Pre-session with the scheduler:** This is when the interpreter obtains the key patient demographic data for the medical appointment.
 - Patient name
 - Patient's primary spoken language
 - Date, time, and location of the appointment
 - The provider's name
 - The estimated length of the appointment
 - The general topic of the appointment
2. **Pre-session with the patient:** During the pre-session with the patient, the interpreter gives his/her name and the agency for which he/she works. The interpreter explains to the patient how an interpreter works, emphasizing that everything will be interpreted exactly as it is said, that patient confidentiality will be maintained, and that the patient needs to converse directly with the provider (this means looking at and talking to the provider, not the interpreter).
3. **Pre-session with the provider:** When the provider arrives, the interpreter will follow the same steps in this pre-session as he/she did in the pre-session with the patient.

Patient Satisfaction: 30 Second Survey Update

In **May 2007**, we asked our patients the following question:

Would you recommend ECU Physicians to your friends and family?

Out of the **2,614** completed survey cards 99% of those surveyed would recommend ECU Physicians to their friends and family.

If you have any questions about your individual clinic results or would like to be included on the survey results distribution list please contact Amanda Turner in the Office of Staff Development at 744-1925 or turnera@ecu.edu.

Five Ways to Satisfy Patients In Less Time

1. **Find out about your patient's needs first.** It may not be the most clinically significant issue, but finding out what your patient considers a priority is important. You'll save time because your patient can be a better listener after his concerns have been addressed. And you may avoid the all-too-common request to restart the visit when the patient forgets to introduce his concern but then recalls it as he is walking out the door.
2. **Help patients create relationships with your support staff.** Do you have patients whose mantra seems to be, "I'll only talk with the doctor?" Perhaps it's because they haven't created a relationship with anyone else in your organization. A few no-cost, no-time tips to begin building those relationships: Everyone should wear a name tag at chest or collar level. You and your staff should refer to one another by name, so that patients begin to learn names. "See our receptionist to book an appointment in six weeks" should be replaced with "Julie Baron, our receptionist, will be happy to schedule your next appointment in about six weeks." Encourage staff to use some of your relationship-building techniques.
3. **Minimize interruptions.** Those "Now, where were we?" conversations always result in longer visits. Consider reserving ten minutes of each hour for telephone calls that require interruption. As your regular interrupters become accustomed to your practice, they will begin to call you, or return your phone call, during your "call time." Think psychiatrists.
4. **Be prepared.** The time to find out that you don't have the patient's lab test results is not during the visit. Have a system to review the record ahead of time so that missing information can be obtained prior to the patient's visit. A report tracking system makes this quick and easy to do. If the test is important enough for you to order it, it's important enough to track it.
5. **Put it in writing.** For your patients who read, putting the simplest of instructions in writing enhances the likelihood that they will follow through on your advice. And you and your staff will save time spent on post-visit telephone calls, e.g. "What did Dr. Moore tell my husband he was supposed to do?"

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Source: www.susanbaker.com*

Tamper-Resistant Prescriptions

Beginning October 1, 2007, paper prescriptions for Medicaid outpatient drugs will only be reimbursable if written on a tamper-resistant prescription pad. This rule was recently enacted into law as part of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of May, 2007. The intention was to help reduce Medicaid costs by cutting down on fraudulent prescriptions. Some states already have similar laws, but they had 18 months to implement the changes. This places an unfair burden on providers who wrote approximately 330 million prescriptions for Medicaid patients last year. Several groups including the American Pharmacists Association (APhA) and the American Medical Association (AMA) have urged the Centers for Medicare and Medicaid Services (CMS) to delay implementation of the mandate. CMS has responded that Congress must change the guidelines. APhA reacted by promoting a bill that would delay implementation by 18 months.

What can Brody School of Medicine do?

The Department of Pharmacy Services is researching the availability of tamper-resistant pads with plans to order pads for physicians by the above date. Both paper for Centricity generated prescriptions and pads for hand written prescriptions are being considered.

Word to the Wise

Every now and then go away, have a little relaxation, for when you come back to your work your judgement will be surer; since to remain constantly at work cause you to lose your power of judgement. Go some distance away because the work appears smaller and more of it can be taken in at a glance, and a lack of harmony or proportion is more readily seen.

Leonardo Da Vinci

Decentralization of Social Work Department

The Department of Social Work under Group Practice Administration has decentralized to the clinical departments. Listed below are the social workers in the school; some of which have always been staff in the clinical departments. Please use this reference list to assist your patients with social work needs.

Name	Practice Sites
Brenda Arnold, BS Phone: 744-2893 Pager: 551-7704	Pediatric Outpatient - Nephrology Pediatric Med Peds (DP#2)
Chuck Bateman, MSW, LCSW Phone: 744-0333 Pager: 551-9413	Family Medicine - (FPC, Bethel, Geriatrics) Firetower Medical Office – Pediatrics Outpatient, Adult Med Peds (DP#2)
Monica Ebron, MSW, LCSW-P Phone: 744-2256 Pager: 551-9261	Brody Clinics: Internal Medicine, Nephrology, Surgery, & OB/GYN ECU Women's Moyer Medical
Rhonda Stanley, BSW Phone: 744-2935 Pager: 551-7798	Developmental Behavior, Diabetes, Cardiology, Gastroenterology, & Rheumatology Pediatric Specialty Care Clinic
Chuck Ausherman, MSW, LCSW Phone: 744-2625	Psychiatric Medicine
Joyce Monney, MSW, LCSW Phone: 744-2404	
Paula Bowen* Phone: 847-7943 Pager: 847-4999 or 847-3134	Leo Jenkins Cancer Center *Will change to ECU Staff and phone # - September/October 2007
Suzanne Gray, MSW, LCSW Phone: 744-0133 Pager: 383-2604	Kidney Transplant (4S10)
Janine Jason-Gay Phone: 744-3644 Pager: 551-4452	Pediatric HIV
Candy Manning Phone: 744-4905 Pager: 551-9040	Pediatric Hematology/Oncology
Margaret Mayo Phone: 744-2166	High Risk OB/GYN
Miriam Rascoe, MSW, LCSW-P Phone: 744-5721	Infectious Disease (DP#6)



Send newsletter submissions to:
Beverly DeWitt
Group Practice Administration
Brody 1K-20
Phone: (252) 744-2322
Fax: (252) 744-3447

View on-line @ www.ecu.edu/grouppractice

Logician Update

New/Revised Clinical Content

- **Clinical content changes since the last CLUe meeting:**
 1. **Changes/Additions to the Well Child Screen:**
Joanie Tyson has made minor changes to the Well Child Screen Form and the Pediatric Flow sheet.
 2. **Home Health Certification Form:**
Community Home Care and Hospice was added to the drop down list.
 3. **New Implanon insertion form (pending provider approval):**
New form has been created for documenting Implanon insertions.
 4. **Ongoing updates to Lab Orders:**
Lab test custom lists are updated as requested by the lab service providers. Request changes to custom lab order lists via email to Joanie Tyson.

Tips of the Month and Other Reminders

- **To change the appointment view on your Centricity desktop:**
Click on Go/Setup/Preference. In the Preferences screen click on the Appointments folder, then select a provider from the drop down list in the "View Today's Appointments for" field.

Other Issues, Questions and Discussion

- **Additional clinic codes included in the new PCMH Radiology Interface:**
Recent changes to the PCMH Radiology interface enable us to receive radiology reports ordered by ECU providers in certain PCMH outpatient areas (AMU, ASU, CAT, COU, DXR, END, FXR, LAB, LRT, MAM, MRI, MUC, OBS, OBV, PAT, RAD, RFP, RPS, ULT, VAS).
- **HealthSpan (Epic) update:**
The Duke Endowment has awarded a \$3 million, two year grant to UHA for the implementation of HealthSpan in ECU Outpatient Clinics. This new integrated Practice Management and EMR system will consolidate the inpatient and outpatient record. The CLUe group will continue to serve as a communication channel as this implementation process begins.

HIS/S Department Updates

- HIS/S staff in Family Medicine have moved to the Brody HIS/S department. All Release of Information requests are being processed in Brody HIS/S.
- All documents submitted to Health Information Systems/Services for scanning into Centricity **must** be legible. Please review documents prior to submitting for visibility, legibility, and words being cut off or blacked out. Any documents that cannot be scanned will be sent back to the requestor with an explanation of why it wasn't scanned.

Where we are going....

- **Heath Steps Clinic** notes (Cardiology) will be added to the PCMH transcription interface. Some formatting issues were discovered during testing (missing MRN); some delay is expected (late August).
- Student Health Services is transitioning to a new EMR system, **Medicat**.
- **North Carolina State Immunization Registry:** ECU Pediatric clinics have gone live. Training sessions are being scheduled for Family Medicine. Go live for this site is early September 2007.
- **Health Span** - More to come in the next several months.